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TO	FROM
Commissioner for Patents	Peter Canelias
COMPANY:	DATE
USPTO	9/16/2010
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER
571-273-8300	22
PHONE NUMBER:	SYNDICATE'S REFERENCE NUMBER
	AS2
RE	YOUR REFERENCE NUMBER:
Amendment and response to Office Action; U.S. Patent Application Serial No. 10/798,079	10/798,079

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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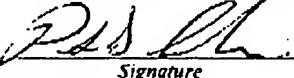
1. Amendment Transmittal Letter (1 pg.);
2. Amendment and response to office action (19 pgs.)
3. Certificate of Transmission (1 pg.)

all in response to an office action in respect of U.S. application serial no. 10/798,079.

Thank you for your assistance.
Peter Canelias, reg. no. 40,547

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SEP 16 2010

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Aaron Charles Newman; Emiliano Berenbaum				Docket No AS2	
Application No. 10/798,079	Filing Date 03/11/2004	Examiner Paul Kim	Customer No. 31097	Group Art Unit 2161	Confirmation No. 5342
Invention: SYSTEM FOR PROTECTING DATABASE APPLICATIONS FROM UNAUTHORIZED ACTIVITY					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
10	7 -	88 =	0	x \$26.00	\$0.00
INDEP. CLAIMS	1 -	14 =	0	x \$110.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 501422 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Signature</i> Peter S. Canelias, reg. no. 40,547 Law Offices of Peter S. Canelias 420 Lexington Avenue, Suite 300 New York, NY 10170 Tel: (212) 223-9654 Fax: (212) 223-9651 CC					
Dated: September 16, 2010 <div style="border: 1px solid black; padding: 5px; width: fit-content;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Typed or Printed Name of Person Mailing Correspondence </div>					